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TCEQ Microbial Reporting Form										TCEQ Form 10525 08/2017		City of Kerrville Laboratory 1000 Thompson Drive Kerrville, TX 78028 Phone: 830-257-4230						TCEQ Laboratory ID: TT04704312																																																																																																											
Water System Identification & Sample Collection Information (Please type or use block print)												SHADED AREA FOR LABORATORY USE ONLY <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td colspan="2">Sample Iced?</td> <td colspan="2">Relinquished By (Sampler):</td> <td colspan="2">Date / Time:</td> </tr> <tr> <td><input checked="" type="checkbox"/> Yes</td> <td><input type="checkbox"/> No</td> <td colspan="2" style="text-align: center;"><i>[Signature]</i></td> <td colspan="2" style="text-align: center;">11/30/23 @ 1525</td> </tr> <tr> <td colspan="2">Temperature</td> <td colspan="2">Relinquished By (Courier):</td> <td colspan="2">Date / Time:</td> </tr> <tr> <td colspan="2" style="text-align: center;">12.3 °C</td> <td colspan="2"></td> <td colspan="2"></td> </tr> <tr> <td colspan="2">Corrected Temp</td> <td colspan="2">Received By (Lab):</td> <td colspan="2">Date / Time:</td> </tr> <tr> <td colspan="2" style="text-align: center;">11.8</td> <td colspan="2" style="text-align: center;"><i>[Signature]</i></td> <td colspan="2" style="text-align: center;">11/30/23 @ 1525</td> </tr> <tr> <td colspan="6">Lab Comments:</td> <td colspan="6" style="text-align: center;">Incubation Date & Time</td> </tr> <tr> <td colspan="6"></td> <td colspan="2" style="text-align: center;">Begin</td> <td colspan="4" style="text-align: center;">End</td> </tr> <tr> <td colspan="6">Tested By:</td> <td colspan="2" style="text-align: center;">Date: 11/30/23</td> <td colspan="4" style="text-align: center;">Date: 12-1-23</td> </tr> <tr> <td colspan="6"></td> <td colspan="2" style="text-align: center;">Time: 1545</td> <td colspan="4" style="text-align: center;">Time: 1540</td> </tr> <tr> <td colspan="6">Laboratory Approval:</td> <td colspan="2" style="text-align: center;">Date: 12-5-23</td> <td colspan="4" style="text-align: center;">Time: 1347</td> </tr> <tr> <td colspan="6"></td> <td colspan="2" style="text-align: center;">Report to Client By:</td> <td colspan="4" style="text-align: center;">Date: Time:</td> </tr> </table>						Sample Iced?		Relinquished By (Sampler):		Date / Time:		<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<i>[Signature]</i>		11/30/23 @ 1525		Temperature		Relinquished By (Courier):		Date / Time:		12.3 °C						Corrected Temp		Received By (Lab):		Date / Time:		11.8		<i>[Signature]</i>		11/30/23 @ 1525		Lab Comments:						Incubation Date & Time												Begin		End				Tested By:						Date: 11/30/23		Date: 12-1-23										Time: 1545		Time: 1540				Laboratory Approval:						Date: 12-5-23		Time: 1347										Report to Client By:		Date: Time:			
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Falsification of this form or tampering with water samples is a crime punishable under state and/or federal law. (Texas Penal Code, Title 8, Chapter 37.10) By signing this form, the sampler acknowledges that samples were collected according to the systems established sample collection procedures, and that all information is accurate.																																																																																																																													
Sample Identification/Location		Sample Type: (✓ one)					Collected				Sample ID & Date of Originating Sample (All Repeat, Replacement, & Triggered Raw Samples)	Chlorine Residual Circle "F" for Free, "T" for Total. (mg/L)	Rejection Code (if applicable) - Please Resubmit	Lab Results																																																																																																															
Use Specific Address / Location identified in Sample Siting Plan		Routine (Distribution)	Repeat	Raw Well	Special *	Construction *	Date			Time				Replacement	Test Method:	Chlorine		Total Coliform		E. Coli																																																																																																									
Raw Wells - Use Source ID for Well Sampled (Example: G1234567A)							Month	Day	Year	Please circle AM or PM					Absent	Present	Absent	Present	Absent	Present																																																																																																									
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